2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # S63176** MCCUMBER GOLF, INC. 05-08-2000 90080 012 ***150.00 Mailing Address Principal Place of Business P.O. BOX 7879 7502 PLANTATION BAY JACKSONVILLE FL 32244 SUITE 404 JACKSONVILLE FL 32238-0879 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3074484 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALTERS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA ST STE 2200 JACKSONVILLE FL 32202 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Defete Change TITLE MCCUMBER, JAMES L. STREET ADDRESS 7502 PLANTATION BAY DRIVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIF ☐ Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition